

R E P O R T

OF

THE MANCHESTER



ROYAL LUNATIC HOSPITAL

(SITUATE NEAR CHEADLE, CHESHIRE),

FROM

JUNE 25th, 1858, TO JUNE 24th, 1859.



MANCHESTER:

PRINTED BY THOS. SOWLER AND SONS, ST. ANN'S SQUARE.

1859.

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30309591>

OFFICERS FOR THE ENSUING YEAR.

Treasurer and Chairman of the Committee.

THE REVEREND CANON CLIFTON, M.A.

Deputy-Chairman.

Mr. JOHN BUTTERWORTH.

Deputy-Treasurers.

Mr. JAMES COLLIER HARTER,
Mr. JOSEPH ADSHEAD,
Mr. E. R. LE MARE,
The Rev. C. J. CUMMINGS, M.A.,
Mr. H. L. TRAFFORD,
Mr. JOHN FERNLEY,

Mr. H. P. REE,
Mr. SAMUEL TAYLOR,
Mr. T. H. BIRLEY,
Mr. THOMAS FLETCHER,
Mr. ERNEST REUSS,
Mr. JOHN THOMAS PRICE.

House-Stewards.

Mr. JOHN BUTTERWORTH; The Rev. C. J. CUMMINGS, M.A.;
Mr. ERNEST REUSS.

Auditors.

Mr. JOHN B. MARKLAND; Mr. JOSEPH ADSHEAD.

Visiting Physicians for the Year.

R. F. AINSWORTH, M.D.; THOMAS H. WATTS, M.D.

Resident Medical Superintendent.

HENRY MAUDSLEY, M.D.

Housekeeper.

Miss E. E. BENNETT.

Secretary.

Mr. ROBERT THORPE RADFORD.

STATE OF THE FUNDS OF THE MANCHESTER ROYAL LUNATIC HOSPITAL.

June 24th, 1859.

	£.	s.	d.	£.	s.	d.
Balance in the hands of Messrs. Loyd and Co.						
Amount due from the Benevolent Fund	164	11	1			
Balance in the hands of the Resident Medical Superintendent	127	10	6			
Balance in the hands of the Housekeeper	3	19	8			
Amount due for the Board of Patients, &c.....	15	14	6			
An Estate at Stockport Etchells	242	6	1			
Timber and Crops on the Land at Stockport Etchells	554	1	10			
Amount expended on account of the New Hospital at Stockport Etchells, including Furniture	2767	7	3			
	27440	15	1			
	30762	4	2			
Deduct Amount owing to the Manchester Royal Infirmary	1500	0	0			
Deduct Amount of Patients' Deposits	63	0	0			
Deduct Amount of Tradesmen's Accounts unpaid	847	6	11			
	2410	6	11			
	£28351	17	3			

£331 2 6 Three per cent. Stock (late 3¼ per cent.), bequeathed by the late Robert Parker, Esq., of Heaton Norris, cost £300., the Interest only of which is available for the use of the Charity.

£270 5 5 Three per cent. Stock, bequeathed by the late Thomas Worthington, Esq., cost £250. 7s. 3d., the Interest only of which is available for the use of the Charity.

August 17th, 1859.—Examined and found correct,

JOSEPH ADSHEAD,
JOHN B. MARKLAND, } Auditors.
JOHN BROUGH, Public Accountant.

	1858-59.		1857-58.	
	£. s. d.	£. s. d.	£. s. d.	£. s. d.
Amount brought forward.....	4647	14 5	491	2 2
To Amount of Interest allowed by Bankers.....	3	14 6	14	9 8
To Amount of Property Tax Returned.....	1	6 6	3	4 13 4
Amount of Income for the Year.....	4652	15 5	5749	11 0
To Amount of Tradesmen's Accounts owing this day.....	847	6 11	1090	4 3
	£ 5991	4 6	£ 7614	3 7

	1858-59.		1857-58.		
	£. s. d.	£. s. d.	£. s. d.	£. s. d.	
Amount brought forward.....	3377	1 5	1090	4 3	
Stationery.					
Stationery, Printing, and Advertising.....	91	6 6	87	6 4	
		91	6 6	87	6 4
Miscellaneous.					
Alterations and Repairs.....	173	10 5	280	2 9	
Painting and Whitewashing.....	18	2 6	18	13 7	
Sundries.....	103	8 7	192	4 11	
Manure for the Farm, &c.....	20	10 6	169	2 4	
Cartage, Carriage, and Postage.....	174	8 6	13	3 9	
Insurance from Fire.....	24	11 0	3	0 0	
Pew Rent.....			122	8 0	
Rates and Taxes.....	82	4 8	231	10 11	
Law Charges.....					
		596	16 2	1030	6 3
Outlay for the Patients.....	149	5 5	821	0 1	
Board of Patients Returned.....	61	15 6	53	16 7	
Physicians' Fees.....	188	18 0	294	0 0	
Interest paid to J. C. Harter, Esq.....	64	1 6	128	3 0	
Interest paid to the Infirmary.....	60	0 0	60	0 0	
		524	0 5	1356	19 8
Amount of Expenditure for the Year.....		4589	4 6	5988	1 2
Amount due from the Benevolent Fund.....			127	10 6	
Balance in the hands of the Resident Medical Superintendent.....			3	19 8	
Balance in the hands of the Housekeeper.....			15	14 6	
Balance in the hands of Messrs. Loyd and Co.....			164	11 1	
		£ 5991	4 6	£ 7614	3 7

August 17, 1859.—Audited and found correct.

JOSEPH ADSHEAD,
JOHN B. MARKLAND, } AUDITORS.
JOHN BROUGH, PUBLIC ACCOUNTANT.

R E P O R T

OF THE

RESIDENT MEDICAL SUPERINTENDENT.

THE satisfaction of presenting an Annual Report on the condition and progress of a Hospital for the Insane is always tempered by a regret that the proportion of recoveries is so small as compared with the whole number of inmates. This result is inevitable, inasmuch as patients confirmed in their insanity accumulate year by year, for whom the Hospital becomes an abiding place, and for whom no treatment is effectual for recovery.

Nevertheless, an Institution, the sole object of which is the good of those placed in it, has everything to gain by publicity, and its history, even for a year, will often suggest interesting reflections, and afford useful materials for instruction. Esquirol boasted that he could give the history of the French Revolution, from the taking of the Bastile down to the last appearance of Bonaparte, in the insanity of that period; and, indeed, the history of the insanity of any period will generally give some indications of the social and political state of those amongst whom it occurs. Thus the excitement of the last Manchester Election unmistakably placed its stamp on the insanity of those admitted at Cheadle during its progress.

There were on the 24th of June, 1858, 56 patients in this Hospital, of whom 33 were males and 23 females. During the past year there have been 43 admissions, of which 20 were males and 23 females; the whole number under treatment, therefore, during the year has been 99. Of these, 27

have been discharged and 6 have died. These facts are set forth in the subjoined Table.

TABLE I.

				Males	Fem.	Total
Patients in Hospital, June 24th, 1858				33	23	56
Admitted from June 24, 1858, to June 24, 1859				20	23	43
				53	46	99
<i>Removed during the year :</i>						
	Males	Fem.	Total			
Recovered	6	7	13	15	18	33
Relieved	5	7	12			
Unimproved	0	2	2			
Died	4	2	6			
Remaining in the Hospital, June 24th, 1859..				38	28	66

It is chiefly amongst the new admissions here, as in all Asylums, that the recoveries take place. Thus, of the 13 patients sent home cured, one only had been resident for more than a year, the rest for short periods varying from six weeks to two months. The large percentage of recoveries which is noted in the Reports of such Hospitals as those of St. Luke and Bethlehem, is explained when we remember that into these establishments is admitted no case which is known to be incurable, and that those patients are discharged at the end of a year who have been pronounced incurable.

As with the recoveries, so also with the deaths; they occur chiefly amongst the fresh admissions. Of the 6 who have died during the year, one only is not included in the 42 admitted, and even this patient had been admitted but three weeks before the commencement of the year. The explanation of this is to be sought either in the feeble and exhausted condition of many of those admitted, or in the advanced and serious disease which has necessitated the patient's removal from his own home. There can be no doubt that there are

some afflicted with insanity who may be advantageously treated in a private house, but it is equally certain that for the great majority the Hospital is the proper place. For, in certain cases, nothing has such a beneficial influence over the sufferer as finding himself powerless under a system; recognizing regulations against which he rebels in vain, he learns to exercise self-control, and when he has accomplished that, he has made the first step towards recovery. Few people, moreover, are so circumstanced that they can secure for the insane that constant and watchful, medical and moral treatment which the malady requires, and when such attention is not secured, the sufferer is very liable to lapse into a feeble and dangerous condition. Of the 42 patients admitted into this Hospital last year, 20 are represented as having been in feeble health, and some of these in "a very feeble and very much exhausted state;" of the rest a few were in "good" health, and the others in "moderately good" health. Of the deaths, one occurred within a week after admission, another within three weeks, and another within a month.

The next Table shows the duration of the disease, before admission, in those who have been admitted during the year.

TABLE II.—DURATION OF INSANITY IN THE ADMITTED.

	Males.	Females.	Total.
Not exceeding 1 month	6	11	17
Between 1 and 2 months	0	5	5
" 2 and 3 " 	4	3	7
" 3 and 4 " 	2	0	2
" 4 and 5 " 	1	0	1
" 6 and 7 " 	2	2	4
" 1 and 2 years	2	1	3
For 3 years	1	0	1
" 6 " 	0	1	1
" 10 " 	1	0	1
" 30 " 	1	0	1
	20	23	43

It might at first sight appear from this Table, that in the majority of cases patients were sent to the Hospital soon after the outbreak of their malady. But such a conclusion must be somewhat modified. Besides the fact that the assigned duration almost invariably falls short, more or less, of the actual duration, it is necessary to note that 15 of the 43 patients admitted had suffered from previous attacks of insanity—some of them had been insane as many as three or four times. Most of these 15 are, moreover, to be found amongst the 17 who are said to have been admitted with insanity under a month's duration. When an individual has once been in an Asylum and has recovered his health, there is not the same disinclination to send him to such an Establishment on the outbreak of a second attack of disease, as there is in the case of one insane for the first time;—the prejudice has been overcome and the benefit has been experienced—whereupon the patient is sent from home immediately on the supervention of the disease. It is over the first attack that hope lingers, and, rendering the sufferer's friends confident of a speedy recovery, determines them to keep him under their own gentle care.

The next Table will serve as a commentary on these observations and on the Table that precedes them. It shows the duration of insanity, on admission, in those who have been discharged recovered during the year.

TABLE III.—DURATION OF INSANITY IN RECOVERIES.

Not exceeding 1 month.....	3
Between 1 and 2 months	5
„ 2 and 3 „	2
For 5 months	1
„ 10 „	1
„ 6 years	1
	13

There were thus 5 patients admitted in whom the insanity had lasted for from 1 to 2 months on admission, and these 5 left the Hospital recovered. The recoveries "under 1 month's" duration of the disease are small compared with the number of admissions under the same conditions as to duration, partly for the reason already stated; so many were cases in which there had been previous attacks. With regard to the case which is said to have lasted 6 years, it may be observed that it was insanity consisting in a desire for and following on an indulgence in spirit-drinking—cured for the most part by a compulsory abstinence therefrom. A long duration of the insanity is not, however, the only element which renders a case unfavourable for recovery; advanced age on the part of the sufferer is an unhappy circumstance in determining the prognosis.

The next Table shows the age of those admitted during the year.

TABLE IV.—AGES OF THE PATIENTS ADMITTED.

	Males.	Females.	Total.
From 10 to 20 years	1	0	1
„ 20 to 30 „	2	4	6
„ 30 to 40 „	8	6	14
„ 40 to 50 „	6	6	12
„ 50 to 60 „	1	4	5
„ 60 to 70 „	2	3	5
	20	23	43

TABLE V.—SOCIAL CONDITION OF THOSE ADMITTED.

	Males.	Females.	Total.
Single	10	12	22
Married	9	9	18
Widowed	1	2	3
	20	23	43

In the next Table is given the form of the disease in those admitted.

TABLE VI.—FORM OF INSANITY IN THOSE ADMITTED.

	Males.	Females.	Total.
Mania	15	18	33
Melancholia	3	5	8
Dementia	2	0	2
	20	23	43

Included in this Table is one case which was at first described as monomania. It is very doubtful, however, whether a case of pure monomania exists at any time, and this patient certainly now exhibits general madness with a host of delusions. Amongst other things she believes that there are brute beasts which roam invisible throughout the universe, and which enter into people and drive them mad, for “God never makes people lunatics”—that it is “the Devil who rules the world by means of Scripture”—and that, moreover, she is a Queen, and that the Hospital in which she dwells is her property.

The next Table shows the causes of insanity in those admitted during the year.

TABLE VII.—SUPPOSED CAUSE OF INSANITY IN ADMISSIONS.

Bad health	1	Over study	3
Injury to head.....	1	Religion	2
Congestive apoplexy	1	Daughter's illness	1
Fall from a cart	1	Daughter's death.....	1
Gastric derangement	2	Death of aunt	1
Debility	1	Intemperance	3
Paralysis	2	Success in business	1
Change in life	1	Death of husband	1
Hereditary tendency	1	Not known	13
Over anxiety	3		
Over excitement	3		43

With regard to these assigned causes, it must be observed

that they are not to be regarded as the definite efficient causes of the insanity. Some have evidently only been conditions of the disease or partial causes, perhaps predisposing, or, added to others already in operation, exciting causes; they are all, however, the notable circumstances in the history of the patient as they appeared to the patient's friends, and may therefore suggest certain conclusions, if care be taken to correct these by the deductions of general experience. We observe first, then, that there are certain cases in which the cause is supposed to be in physical derangement. And it admits of no doubt that a bad state of health so far predisposes to insanity, that a cause which would pass over the healthy organism like the shadow of a passing cloud, may render the unhealthy man a fit subject for an Asylum. A derangement of the alimentary organs appears more especially to have this effect, and it was the recognition of this that led the Ancients to locate melancholy in the liver; "gastric derangement," "indigestion," "bad health," are the modern expressions of the same fact. The most profound case of melancholy treated in this Hospital during the year, was supposed to have its physical cause in malignant disease affecting the stomach and liver. The bodily derangement which so commonly exists in cases of insanity cannot, however, be always regarded in the light of a cause; it often partakes as much of the character of effect. The physical acts on the mental, and the mental back again on the physical, and *vice versa*—cause and effect acting and reacting, and mutually aggravating one another. The old rule that "the cause having ceased the effect ceases," is false almost as often as it is true; the effect often continues after the cause has ceased, and, thus abiding, becomes in its turn a cause. Hence in the treatment of insanity it is not a shadow that the Physician has to deal with; removing the physical derangement he removes an important element for evil.

Turning now to the remaining causes assigned for the disease, we find that, excluding direct physical injury and intemperance, they all point more or less distinctly to the emotions. So does universal experience. Man is moved by his emotions, not by his ideas, and the insane walks along, in many cases, the embodiment of an exaggerated emotion. This may afterwards become, so to say, resolved into or associated with its appropriate ideas. Thus excessive pride becomes royalty, or even Divinity, and the most ordinary of women stalks along the Queen of endless dominions, if not the Queen of Heaven itself; of such are the Kings and Queens and Virgin Marys which are to be met with in almost every Asylum. The pride of intellect, over-loaded and broken down by an ill-regulated course of study, is presumptuous enough to maintain that it has resolved the great question of the universe; and an intelligent looking man will assert without a doubt ruffling the calm conviction of his countenance, that the world hangs by a thread, and that he is the Newton who has discovered it. Prolonged indulgence of an emotion leads on by a sure road to insanity; for the emotion nursed soon gains a predominance incompatible with the right balance of the faculties, and dangerous to the stability of the mind. There is no boundary line between sanity and insanity; and the slightly exaggerated feeling which renders a man "peculiar" in the world differs only in degree from that which places hundreds in an Asylum. He who is eternally contemplating his own feelings can scarcely be pronounced to be perfectly sane; his actions and ideas are not the appropriate reflections of impressions, but are adulterated with a morbid subjectivity and come forth, so to say, in a turbid stream. He is nursing his feelings into an emotional monstrosity which will soon no longer find a place in the harmony of nature; he then becomes a fit subject for the Asylum, where, in fact, are congregated the discords in that harmony. The stages in

the production of insanity divested of their technicalities appear then to be capable of being thus simply stated. There is first a *plus* emotional state which may be transitory, or which may persist for some time as a pure emotion; ideas are next evolved from it, or ideas excited in the ordinary manner are, through its presence, presented in exaggerated and unnatural characters. If these are of a lively and active nature, it is mania; if few in number, it is monomania; if gloomy and terrible in character, it is melancholia.

Now, there are two cases in the above list which appear to illustrate the evil effects following a morbid indulgence of religious emotion; they are those in which religion is assigned as the cause. It is scarcely necessary to observe here, what is indeed universally acknowledged, that religion is not nearly so frequent a cause of insanity as it has been represented to be. Many of the insane are the victims of religious despondency, or entertain delusions in connection with religious subjects, when religion has had nothing whatever to do with the cause; the delusions or despondency are the manifestations of the madness previously established. If a man from some cause become melancholy, his depression leads him to seize on the gloomy parts of Scripture; the ideas that he has committed the "unpardonable sin," that "his soul is for ever lost," and such like, are the articulation of his melancholy. It is for this reason mainly that religious subjects form such a large part in the aberrations of madness. In one of the two cases which are said to have had religion for a cause of the insanity, there was strongly marked hereditary predisposition traceable; religion had been only the exciting cause. The patient, a female, is a member of the Church of England, who had from some cause been induced to attend a Baptist Chapel. So great was the impression produced on her mind by what she there heard, that she became low and desponding about her spiritual condition, and soon profoundly melancholy, believing that

nought but misery and woe were in store for her for ever—that she was cursed beyond all hope of redemption. And so at present she remains, her mind girt by a circle of emotional despair, which no consoling impression can penetrate. She is suicidal too, as generally happens in such cases; it is a protective suicide, the sufferer being so unhappy that she wishes to escape from herself, to-rush “anywhere, anywhere out of the world.”

A notable feature in the Causation List is the large number of cases in which the cause is said not to be known. And, doubtless, there are instances in which it is impossible to fix on anything definite as the cause, but in the majority of cases so marked, “not known” is but another name for “hereditary predisposition.” That of the 43 cases of insanity admitted during the year but one should be attributed to hereditary tendency, may be considered as an evidence of the disinclination of friends to admit the existence of insanity in the family, but can never be looked upon as a statement of the actual fact. In some of these cases hereditary predisposition was known to exist, and in others it was with great reason suspected; for there is something positive and marked about the insanity that has been inherited which often creates in the mind of one experienced in its phenomena the suspicion that it is no new acquisition. And the suspicion becomes almost a certainty, if there be in addition the inability to assign any cause for its supervention; for where hereditary predisposition exists, a cause so slight as to be inappreciable to observers is often efficient to produce the disease.

TABLE VIII.—OCCUPATION (IF ANY) OF PATIENTS ADMITTED.

Clergyman	1	Merchant	1
Surgeon	1	Gentlemen	2
Druggist	1	Ladies	2
Farmers	2	Matron	1
Tea dealer	1	Boarding-house keeper ..	1
Student	1	Surgeons' wives	2
Agent	1	Milliner	1
Corn merchant	1	Housekeeper	1
Stationer	1	Governess	1
Teacher	1	Cheesefactor's daughter ..	1
Linen draper	1	Tradesmen's wives	5
Servants	2	No occupation	7
Publican	1	Readmission	1
Wine and spirit merchant.	1		
Builder	1		
			43

No conclusion can be drawn from a Table of this kind as to the frequency with which insanity occurs in the various occupations of life, with reference to the question as to whether any one appears to predispose to it more than another. The Table is far too limited for that. Indeed, nothing decisive has yet been satisfactorily ascertained upon the subject; pretty nearly an equality of anxiety and trouble seems incident to every trade and occupation, and to no occupation at all; and, therefore, other things being equal, insanity may be expected to be evenly distributed among them.

The next Table will show the causes of death in those who have died.

TABLE IX.

Cancer of the breast	1
Epilepsy	1
Apoplexy	1
Paralysis	1
Maniacal exhaustion	1
Disease of stomach and liver, probably malignant ..	1
	6

It will be observed that this Death Causation List has a very fatal look, the very name of the disease in every case but one expressing utter hopelessness. The exception is that in which the death occurred from maniacal exhaustion, but in this case there had been two months previously an apoplectic attack, which had left one arm powerless for some time. The mania which afterwards came on was of a fearfully violent character, such as it rarely falls to the lot of the Physician to observe. It was evidently from the first the expression of active brain disease in a strong man galloping on to a fatal termination. By "from the first" it is intended only to express the time of admission, for, unhappily, the patient had been tried everywhere else before being sent to the Hospital, and was sent with the shadow of death already upon him.

Leaving, then, the somewhat melancholy history of insanity as given in the Tables, a few observations may be made on the method of treatment adopted. Not on the medicinal treatment—that is not matter for a Report of this character, and can require no description—it is simply the best that can be devised by the joint experience of the Medical Staff at the service of the Institution. But there is other treatment which consists chiefly in affording to the patients as much occupation and amusement as possible. Occupation and amusement have always been characteristic features in the history of this Institution, and during the past year have continued so. In the farm connected with the Hospital, there is abundant resource for those who desire actively to employ themselves, or for whom such employment may be beneficial, while in the large extent of garden ground there is opportunity for those who prefer a lighter and more tasteful occupation. With such pleasure and such manifest benefit are these resources taken advantage of, that it is difficult to believe that an Institution intended as a Hospital or Asylum for the Insane can be thoroughly adapted for its purpose, if

it be destitute of them. And with regard to amusements, all experience shows that they should be as frequent and as varied as possible. It is a false supposition which regards the insane as incapable of enjoyment; they are easily pleased and easily displeased, and with many of them to be pleased is to be exalted to a high state of happiness, to be displeased is to be plunged in profound despair. In entering a Lunatic Asylum, we are not stepping into a new world; we find there, as Esquirol has said, "the same ideas, the same errors, the same passions, the same misfortunes; it is the same world; but in such a house the traits are stronger, the shades more marked, the colours more lively, &c." It is a duty, therefore, to provide the insane with amusement, a duty which extends not only to those who are curable, and for whom it forms a most valuable agent in treatment, but which extends also to those who are incurable. Happily no one is to be found, now-a-days, to defend a system which permitted to the insane only the monotony of a life-long incarceration and the inestimable privilege of wishing, like Hafiz, "to break up the tiresome old vault of heaven into new forms." It is a regard to such considerations as these that has dictated the amusements provided for the patients in this Institution. During the summer a brass band has attended occasionally, and there have been dances on the bowling-green; cricket was in request for a time amongst the men. A billiard-table has been recently added, and forms not the least interesting or least attractive amusement. A large increase has been made in the periodicals in circulation throughout the house, and the Institution is indebted to the kind liberality of a member of the Committee for a considerable addition to the Library. Besides the weekly papers of an interesting character, such as *Punch*, the *Illustrated News*, &c., several daily papers, including the *Times*, are in circulation. In fact, as the good of the patients is the sole object of the

Institution, whatever is deemed advisable for their benefit is freely and liberally granted.

There is another point of great importance which may be touched upon here. Nothing appears to produce in the insane such a forcible and painful idea of his being quite shut out from the world, of his being an utter "castaway," as the impossibility of his attending Divine worship; and nothing, it may confidently from experience be asserted, affords him such gratification as the opportunity of attending at the service of the Church. It is, therefore, an important advantage in this Institution, that it has a Chapel, in which there is a full service every Sunday and in which prayers are read weekly. All, but those few who are incapacitated by the nature of their malady, regularly attend, and invariably exhibit the most earnest attention and the greatest propriety of behaviour. Even if this exercise of self-control were all that was gained thereby, it would be something important; but it is by no means all. It may be supposed that some are unable to understand what they hear; and doubtless there are some who cannot fully appreciate all that is said, to whom there is but a glimmer of light here and there; but it would be very unsafe to conclude that religious worship is a mere matter of form. There is always almost a partial appreciation of its nature, and with many as full and complete knowledge thereof—with, be it observed, a far more reverential feeling—as there is in the most rational man abroad in the world. On this subject may be quoted with satisfaction the published words of the Chaplain of a large Asylum, long experienced in ministering to the spiritual wants of the insane:—

“The question is often asked me, whether I find that the insane can understand the *sermons* that are preached to them. It is thought to be quite possible and natural, that the prayers should have a soothing influence on their minds; the only doubt is, as to whether the sermons do not require a

larger amount of intelligence and attention than such persons are capable of. As far as my own experience goes (and I believe it to be the case with Chaplains generally), I find that many of the patients enter fully into the meaning of the sermon. They often speak of it afterwards, and in such a manner as to show that they must have listened to it with great attention. I met the other day with a striking instance of this. On the Sunday morning I had quoted some verses, expressive of the Poet's calm confidence in God, and of his Christian fortitude, said to have been written by Milton, whilst suffering under the united ills of sickness, blindness, old age, and poverty. In passing through one of the wards on the Monday, a patient asked me for a copy of the lines I had quoted; he had been particularly struck with the pathetic beauty of them. He had written one or two lines, as well as he could remember, but could not recall the whole of them. I asked to look at the paper on which he had written them, and found, to my astonishment, that he had written in addition an excellent epitome of the whole sermon; many entire passages word for word as they had been delivered. He told me it was his general custom to take down all he could remember of the sermon every Sunday. The man who does this is incurably insane, and would find it, one would suppose, particularly difficult to fix his attention for any length of time on any subject, inasmuch as he is constantly distracted by imaginary voices from the walls and roof of the building."

R U L E S

FOR

THE ADMISSION, VISITING, AND DISCHARGE OF PATIENTS.

Applications for the admission of patients, or for information regarding the various rates of payment at which patients are received, &c., must be addressed to the Resident Medical Superintendent, from whom may be obtained printed forms of the papers necessary to be completed and signed, before the patient can be admitted into the Hospital, and all other information required as to the means of conveying the patients, &c.

The papers above mentioned are as follows:—

1st. An order for the admission of the patient to the Hospital, signed by one of the patient's relatives or friends.

2nd. Certificates to the effect that the patient is of unsound mind, but free from contagious disease, signed by two qualified medical practitioners, and who shall have separately visited and personally examined the patient.

3rd. An obligation for the regular payment of the patient's board and expenses, signed (unless otherwise specially agreed) by a responsible person, who shall also bind himself, in case any cause arise to render residence in the Hospital objectionable, to remove the patient within one calendar month after notice to that effect shall have been given by the Committee, and in case of death, to remove the body, or defray the expenses of the funeral.

These papers being duly filled up, the patient will then be received into the Hospital.

In cases of emergency where inconvenience or danger might result from delay, the Resident Medical Superintendent has discretionary authority to admit the patient immediately (but not without the medical certificates being properly filled up), on receiving satisfactory assurance that the other paper above referred to will be completed and lodged with him within the space of twenty-four hours thereafter.

Patients will be received at various rates of payment for board, according to the accommodation supplied, particulars of which, together with the concomitant scale of Physicians' fees, may be had on application at the Hospital, or at the Manchester Royal Infirmary.

Payment of the patients' board, at the rate agreed upon by the Committee, must be made to the Treasurer quarterly, in advance; and on admission, the whole amount chargeable up to next quarter-day, together with the Physician's fee, must be advanced; but if a patient be removed during the currency of any quarter, a proportion corresponding to the entire months which may not then have elapsed, will be returned, if applied for.

If the friends, or those who are security for the payment of the board wish to remove a patient, they shall give five days' notice in writing to the Secretary, who shall give the necessary instructions to the Resident Medical Superintendent, provided all sums due on account of the patient's board, fees, &c., have been paid up.

The Hospital will be open for the reception of patients at all hours; but when practicable, one day's notice should always be given of the hours at which patients may be expected to arrive, that the Resident Medical Superintendent may be better prepared for their reception.

With every patient a sufficient supply of suitable clothing must be brought to the Hospital, together with an inventory

of the same and of any other property left with the patient. The inventory, after having been compared with the clothing and property, shall be signed by the Superintendent, the Matron, or the Attendant, at the time of admission of the patient; and when a patient's clothes are worn out or destroyed, they must be renewed as often as necessary, by the party responsible for the patient's board, on notice to that effect being given; and should such notice not be attended to, the Resident Medical Superintendent may order the clothes necessary for the patient, the expense of which shall be charged in the next quarter's account.

All moneys due in respect of any patient in the Hospital shall be paid to the Treasurer or Secretary, whose receipt alone shall be valid.

Near relatives of the patients, and also others, with the consent of the Medical Superintendent, shall be allowed to visit the patient on the days and during the hours fixed for that purpose, viz., on Wednesday and Saturday from Ten to Three; but all such visits shall be under the direction and control of the Resident Medical Superintendent; and when a personal interview with the Resident Medical Superintendent is required by any friend or guardian of a patient, an appointment should be previously made for that purpose.

The utmost attention and care are exercised in the classification of patients, according to their habits and different degrees of mental aberration, and to promote cheerfulness and recovery, by suitable occupation and exercise in the open air whenever practicable.

Bibles and prayer books are provided for the various rooms of the Hospital. Divine service is performed every Sunday in the Chapel of the Hospital, and prayers are read during the week by the Chaplain.

A library is provided for the use of the patients, containing such publications of a cheerful and instructive character as have been determined upon by the Committee, in concurrence

with the Resident Medical Superintendent. In the public rooms accommodation and provision are made for reading and other amusements, to which the patients are encouraged to resort.

RATES OF BOARD, &c.

HIGH CLASS PATIENTS.

Per Week.				Quarterly Medical Fee, Payable in Advance.		
£.	s.	d.		£.	s.	d.
3	3	0	—Use of Dining and Drawing Rooms with suitable attendance.	2	7	6
4	4	0	—Private Sitting Room, Private Bed Room, use of Dining and Drawing Rooms—one Attendant to two Patients.	3	3	0
6	6	0	—Private Sitting Room, Private Bed Room, use of Dining and Drawing Rooms & a Special Attendant	4	14	6

A Carriage is provided at the expense of the Hospital, by means of which all those patients, whose condition will allow, or who will derive benefit from it, have carriage exercise.

MIDDLE CLASSES.

2	2	0	—Use of Dining and Public Rooms with use of a Private Room when required, and suitable attendance.	1	11	6
1	11	6	—Use of Public Rooms, and suitable attendance.	0	15	9
1	1	0	—Use of Public Rooms, with suitable attendance.	0	15	9

Parties of respectability, but whose circumstances will not permit them to pay the lower rate of £1. 1s. per week, are admissible, on special application to the Trustees, at reduced rates, the balance being paid out of the Benevolent Fund of the Hospital.

